FORM D

UNITED STATE SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number: 32 Expires: July 31, 2	235-0076				
Estimated average bu					
hours per response:	16.00				

SEC USE ONLY						
Prefix		Serial				
	1					
DATE RECEIVED						

THOMOST		
1, -	ent and name has changed, and indicate change.)	
	rge Cap), LLC: Limited Liability Compa	
Filing Under (Check box(es) that apply):		☐ Section 4(6) ☐ ULOE
Type of Filing: □ New Filing ☑ Amenda		2 300
Type of timing. Control timing Control times and times a	A. BASIC IDENTIFICATION DATA	<u></u>
1. Enter the information requested about the issu		::::::::::::::::::::::::::::::::
	ent and name has changed, and indicate change.)	
•	_	
GS TACS Active Continuous (U.S. La		08056216 <u></u>
	umber and Street, City, State, Zip Code)	Telephone runnoci (including zirea code)
32 Old Slip, New York, New York 10		(212) 902-1000
• • • • • • • • • • • • • • • • • • • •	Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		_
Brief Description of Business		SEC Mail Processing
To operate as a private investment fur	d.	Section
Type of Business Organization	_	7 1 1 1 1 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ corporation	☐ limited partnership, already formed	Mother (picase specify):
☐ business trust	☐ limited partnership, to be formed	Limited Liability Windiangton, DC
	Month Year	411
Actual or Estimated Date of Incorporation or Org		☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	
	State: CN for Canada; FN for other foreign jur	risdiction) D E
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part S and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* . Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General Partner and/or Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) Business or Residence Address (Number and Street, City, State, Zip Code)
32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Chropukva, Gary
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Ioffe, Len
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Jones, Robert
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Litterman, Robert B.
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Mulvihill, Donald
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner
Full Name (Last name first, if individual) Wianecki, Karl D.
Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005
Check Box(es) that Apply:
Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
	•										Yes	No
I. Hast	he issuer sol	d, or does th										፟
					in Append		2, if filing	under ULO	Ε.			
	is the minimum fund may a						etion of the	e Managing	Member.		\$ 3.00	*000,000
		, , , , , , , , , , , , , , , , , , ,	-						,			
3. Does	the offering	permit join	t ownership	of a single	unit?	***************************************					Yes ☑	No □
	the informa											
comr If a p or sta	nission or sir erson to be l ates, list the r ker or dealer	nilar remun isted is an a name of the	eration for s ssociated pe broker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in connecter or dealer ter or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or w	offering. th a state		
	ne (Last name					·····						
	n, Sachs & C		•									
Business	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)						
85 Broad	d Street, Nev	v York, NY	10004		•							
Name of	Associated I	Broker or D	ealer									
					~							
	Which Perso "All States"										🗹 А	II States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last name	e first, it inc	lividual)									
Desiren	an Davidena	- A J J /1	·T1	Character City	. 0 7.	C. 1.)						
Dusiness	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	(Code)						
Name of	Associated E	Broker or D	anler									
Name of	Associated E	STOKET OF D	CalCi									
States in	Which Perso	n Listed Ha	s Solicited	or Intende t	o Solicit Pu	rchacero						
	"All States"										🗆 Al	l States
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[RI] Full Nam	[SC] ie (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(
Business	or Residence	e Address (1	Number and	Street, Cit	v. State, Zip	Code)						
				,,	,,	,						
Name of	Associated E	Broker or De	ealer				· · ·					
States in	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check	"All States"	or check ind	lividual Star	tes)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	(IN)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	(NE) [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

amount exchang	he aggregate offering price of securities included in this offering and the total already sold. Enter "0" if answer is "none" or "zero." If the transaction is an age offering, check this box \(\square\) and indicate in the columns below the amounts of urities offered for exchange and already exchanged.				
	Security		Aggregate Offering Price		Amount Already Sold
Debt		\$_	0	\$	0
Equity		\$_	0	\$	
	☐ Common ☐ Preferred		,		
Convert	tible Securities (including warrants)	\$_	0	. \$	0
Partners	ship Interests	\$	0	\$	0
Other (S	Specify) Limited Liability Company Units	\$	706,999,227	\$	706,999,227
T	otal	\$	706,999,227	\$	706,999,227
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>	•	, , ,
securitie offering and the	the number of accredited and non-accredited investors who have purchased es in this offering and the aggregate dollar amounts of their purchases. For its under Rule 504, indicate the number of persons who have purchased securities aggregate dollar amount of their purchases on the total lines. Enter "0" if answer "or "zero."		Number		Aggregate Dollar Amount
			Investors		of Purchases
Accredi	ted Investors		216	\$	706,999,227
Non-acc	credited Investors	_	0	\$	0
Te	otal (for filings under Rule 504 only)	_	N/A	. \$	N/A
all secur (12) mo listed in	iling is for an offering under Rule 504 or 505, enter the information requested for rities sold by the issuer, to date, in offerings of the types indicated, in the twelve nths prior to the first sale of securities in this offering. Classify securities by type Part C-Question 1.		Type of		Dollar Amount
	offering		Security		Sold
	5		N/A	\$.	N/A
•	ion A	_	N/A	\$.	N/A
Rule 504	4	_	N/A	\$.	N/A
Tot	tal	_	N/A	\$.	N/A
the securiti the issuer.	sh a statement of all expenses in connection with the issuance and distribution of the interior in this offering. Exclude amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of ture is not known, furnish an estimate and check the box to the left of the estimate.				
Transfer	Agent's Fees			\$	0
Printing	and Engraving Costs			\$	0
Legal Fe				•	208,579
Account	ees			.	200,379
	ting Fees			\$. \$	0
			_	\$. \$. \$	·
Enginee	ting Fees		_	\$. \$. \$.	0
Engineer Sales Co	ring Fees			\$. \$. \$. \$.	0

C. OFFERING PRIC	CE, NUMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF P	ROCE	EDS	
b. Enter the difference between the a - Question I and total expenses furni	ggregate offering price given in response to ished in response to Part C - Question 4.a. eds to the issuer."	Part (C is		\$		706,790,648
to be used for each of the purposes shifurnish an estimate and check the b	sted gross proceeds to the issuer used or proown. If the amount for any purpose is not be ox to the left of the estimate. The total and gross proceeds to the issuer set forth in re-	knowr of th	n, ie		_		,
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees			\$_	0	_ 🗆	\$ _	0
Purchase of real estate			\$_	0	_ 🗆	\$_	0
Purchase, rental or leasing and installa	tion of machinery and equipment		\$_	0	_ 🗆	\$_	0
Construction or leasing of plant building	ngs and facilities		\$_	0	_ 🗆	\$_	0
this offering that may be used in ex	ding the value of securities involved in schange for the assets or securities of		\$	0		\$	0
Repayment of indebtedness		_	\$	0		\$ -	0
• •			s -	0		\$	0
Other (specify): Investment capital			\$	0	- ☑	\$	706,790,648
Column Totals		٥	\$_	0	- ☑ -	\$_	706,790,648
Total Payments Listed (column totals a	added)			☑ \$	706,7	90,64	8
	D. FEDERAL SIGNATUR	RE					
following signature constitutes an underta	to be signed by the undersigned duly author iking by the issuer to furnish to the U.S. Securissuer to any non-accredited investor pursuant	urities	and	Exchange Commi	ssion, u	unde pon w	r Rule 505, the ritten request of
ssuer (Print or Type) GS TACS Active Continuous U.S. Large Cap), LLC	Signature			Date July 15, 2008			
Name of Signer (Print or Type) Richard Cundiff	Title of Signer (Print or Type) \ Authorized Person						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).